GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:440
ANSWERED ON:27.07.2005
HIGH COST OF MEDICAL TREATMENT
Rao Shri Devarakonda Vittal

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the high cost of medical treatment is one of the causes of indebtedness among the rural people as reported in The Hindu dated March 27, 2005;

(b) if so, the details thereof;

(c) whether the Government has conducted any survey in this regard;

(d) if so, the details thereof; and

(e) the steps taken by the Government to reduce the cost of treatment in order to make it affordable to the rural people?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE(SMT. PANABAKA LAKSHMI)

(a) to (d): High cost of private medical treatment, may have been one of the causes of indebtedness, in rural people. The National Sample Survey report, 1995-96, has estimated that the rural population spent, on an average, Rs.2,080 for a hospitalised treatment in a public sector hospital and Rs.4,300 for that in a private sector hospital.

(e): A Community Based Universal Health Insurance Scheme (CBUHIS) is under implementation in selected parts of the country which provides hospitalisation cover upto Rs.30, 000 on payment of a premium of Rs.365 per annum The National Rural Health Mission (NRHM) seeks to provide effective health care to rural population throughout the country with special focus on 18 states, which have weak public health indicators and/or weak infrastructure. By introducing Indian Public Health Standards (IPHS), it is proposed to standardise CHCs. It aims at integration of all vertical programmes and through Rogi Kalyan Samities, the health centres /hospitals are proposed to be monitored by the community and made accountable. Sub-centres would be strengthened by supply of essential drugs, both Allopathic and AYUSH. PHCs are proposed to be strengthened by adequate and regular supply of essential drugs. Mobile Medical Units with requisite specialised facilities, wherever required are proposed to be made available to under-served areas in the country. In addition, other provision such as untied fund per Sub-centre for local action, provision of additional ANMs wherever needed, provision of a female Accredited Social Health Activist (ASHA), provision of second doctor at PHC level and creation of new Community Health Centres to meet the population norms as per 2001 census and bearing their recurring cost for the Mission period would be considered. In effect, health care delivery will be made accessible and affordable to the people.